

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-6698	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE 12/21/2012	Name or number of rule(s): Administrative Code Title 23: Division of Medicaid Part 202 Hospital Services, Chapter 2 Outpatient Services, Rule 2.3 Emergency Room Outpatient Visits		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

This temporary filing to the MS Administrative Code Title 23 Medicaid, Part 202 Hospital Services, Chapter 2 Outpatient Services, Rule 2.3 Emergency Room Outpatient Visits is to revert to the language filed effective November 1, 2012, to unbundle services and ancillaries for all beneficiaries in the two lowest emergency department evaluation and management code descriptions for non-emergent emergency department visits. The effective date of this temporary filing is September 1, 2012, coinciding with the CMS approved SPA 2012-009 Hospital Outpatient Ambulatory Payment Classification (OP APC).

Specific legal authority authorizing the promulgation of rule: MS Code §43-13-117; § 43-13-121; 42 CFR § 440.230; 42 CFR § 447.204

List all rules repealed, amended, or suspended by the proposed rule: Title 23 Medicaid, Part 202 Hospital Services, Chapter 2 Outpatient Services, Rule 2.3 Emergency Room Outpatient Visits

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: Time: Place:

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

12/21/12 Original filing
 _____ Renewal of effectiveness
 To be in effect in _____ days
 Effective date:
 _____ Immediately upon filing
X Other (specify): 09/01/2012

PROPOSED ACTION ON RULES

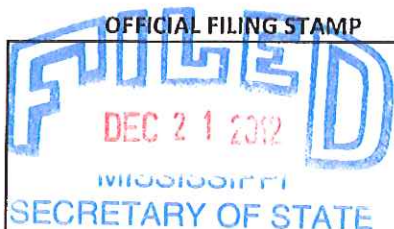
Action proposed:
 _____ New rule(s)
 _____ Amendment to existing rule(s)
 _____ Repeal of existing rule(s)
 _____ Adoption by reference
 Proposed final effective date:
 _____ 30 days after filing
 _____ Other (specify):

FINAL ACTION ON RULES

Date Proposed Rule Filed: _____
 Action taken:
 _____ Adopted with no changes in text
 _____ Adopted with changes
 _____ Adopted by reference
 _____ Withdrawn
 _____ Repeal adopted as proposed
 Effective date:
 _____ 30 days after filing
 _____ Other (specify):

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP

 Accepted for filing by _____

DO NOT WRITE BELOW THIS LINE
 OFFICIAL FILING STAMP

Accepted for filing by _____

OFFICIAL FILING STAMP

Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.